

APPENDIX A

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FORM B

**DISCLOSURE OF COMPENSATION OF
PRINCIPAL, OFFICER, DIRECTOR OR INSIDER**

Name: Doreen Mother Delois Blakely Capacity: ☒ Principal

☐ Officer

☐ Director

☐ Insider

Detailed Description of Duties: to serve as the principal executive officer of the Board and to govern the corporation in accordance with by-laws and the Articles of Incorporation, there of. Preside over all Board of Director meetings.

Current Compensation Paid: Weekly or Monthly

0 0

Current Benefits Received:

	Weekly	or	Monthly
Health Insurance	<u>0</u>		<u>0</u>
Life Insurance	<u>0</u>		<u>0</u>
Retirement	<u>0</u>		<u>0</u>
Company Vehicle	<u>0</u>		<u>0</u>
Entertainment	<u>0</u>		<u>0</u>
Travel	<u>0</u>		<u>0</u>
Other Benefits	<u>0</u>		<u>0</u>

CURRENT TOTAL:

Weekly or Monthly

0 0

Prior Annual Salary Total:

\$ 0

Dated: Nov 11 - 2015

Doreen Blakely
Principal, Officer, Director, Insider

(Revised 6/92)

BALANCE SHEET
Period Ending:

477 West 142nd Street
Housing Dev Fund Corp

Case No: 15-12178(SHL)

	<u>Current Month</u>	<u>Prior Month</u>	<u>At Filing</u>
ASSETS:			
Cash:	TBD	TBD	
Inventory:	N/A	N/A	
Accounts Receivables:	TBD	TBD	
Insider Receivables	TBD	TBD	
Land and Buildings: (Est.)	6,261,993	6,261,993	6,261,993
Furniture, Fixtures & Equip:	TBD	TBD	
Accumulated Depreciation:	TBD	TBD	
Other:	↓	↓	
Other:	↓	↓	
TOTAL ASSETS:	<u>6,261,993</u>	<u>6,261,993</u>	<u>6,261,993</u>
LIABILITIES:			
Postpetition Liabilities:			
Accounts Payable:	650,000	650,000	650,000
Rent and Lease Payable:	TBD	TBD	TBD
Wages and Salaries:	0	0	0
Taxes Payable: (As of Oct-15th)	0	0	0
Other:	513,039	513,039	513,039
	0	0	0
TOTAL Postpetition Liab.	<u>1,163,039</u>	<u>1,163,039</u>	<u>1,163,039</u>
Secured Liabilities:	0	0	0
Subject to Postpetition			
Collateral or Financing Order			
All Other Secured Liab.			
TOTAL Secured Liab.	<u>0</u>	<u>0</u>	<u>0</u>
Prepetition Liabilities:			
Taxes & Other Priority Liab.	TBD	TBD	TBD
Unsecured Liabilities:	↓	↓	↓
Other:	↓	↓	↓
TOTAL Prepetition Liab.	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>
Equity:			
Owners Capital:	TBD	TBD	TBD
Retained Earnings-Pre Pet.	↓	↓	↓
Retained Earnings-Post Pet.	↓	↓	↓
TOTAL Equity:	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>
TOTAL LIABILITIES AND EQUITY:	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>

Dated:

John Blakesley

Responsible Officer of the Debtor in Possession

TO BE USED IN CHAPTER 11 MONTHLY OPERATING REPORTS

The following forms are to be used in the preparation of monthly operating reports for **ALL** chapter 11 cases. As indicated in the Operating Instructions, additional forms or reports in addition to those that follow may be required by the Office of the United States Trustee in appropriate cases.

The financial reports incorporated standard accounting concepts. However, some of them (most notably the Balance Sheet) adopt formats somewhat different than commonly found to better reflect the unique financial aspects of business in the chapter 11 environment.

Accrual accounting is to be used in all cases. The following forms must be used in all cases unless otherwise noted below.

Form 1 - - TRANSMITTAL AND CERTIFICATION

This document is to be affixed to the top of the monthly operating report, originals of which are to be filed with the court and the United States Trustee, with copies submitted to the other parties as described in the Operating Requirements.

Form 2 - - OPERATING STATEMENT (Profit and Loss)

This form follows standard format. "Total Revenue/Sales" is defined as the total selling price of goods or services transferred by a business to its customers during the reporting period. Extraordinary expense or income is that which occurs outside of the ordinary and usual course of business, including overhead costs related to operating in chapter 11. They are broken out to better reflect the debtor's performance as an ongoing business entity.

Form 3 - - BALANCE SHEET

The asset portion of the balance sheet parallels customary format. Whereas the liability portion is formatted in a manner appropriate for operation under chapter 11, notably, differentiation is made between pre- and post-petition liabilities instead of short and long term liabilities. Additionally, secured debts are to be segregated into those which are the subject of post-petition collateral or financing orders and those which are not.

Form 4 - - SUMMARY OF OPERATIONS

This form is self-explanatory.

Form 5 - - MONTHLY CASH STATEMENT

This form is self-explanatory.

Form 6 - - MONTHLY STATEMENT OF COMPENSATION

This form is self-explanatory.

Form 7 - - SCHEDULE OF IN-FORCE INSURANCE

This form is self-explanatory.

MONTHLY CASH STATEMENT

Period Ending:

477 West 142nd Street
Housing Dev. Fund Corp

Cash Activity Analysis (Cash Basis Only):

Case No: 15-12178 (SHL)

	<u>General Acct.</u>	<u>Payroll Acct.</u>	<u>Tax Acct.</u>	<u>Cash Coll. Acct.</u>	<u>Petty Cash Acct.</u>
A. Beginning Balance	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>
B. Receipts (Attach separate schedule)	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>
C. Balance Available (A + B)	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBA</u>
D. Less Disbursements (Attach separate schedule)	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>
E. ENDING BALANCE (C - D)	<u>TBA</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>	<u>TBD</u>

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location
2. Account Number

TBD - TD BANK 125th Street 300 W 125th St
TBD NY NY 10027

Payroll Account:

1. Depository Name & Location
2. Account Number

TBD
TBD

Tax Account:

1. Depository Name & Location
2. Account Number

TBD
TBD

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

TBD

Date:

Adam Blotky

Responsible Officer of the Debtor in Possession

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS
Period Ending:

477 West 142nd Street
Housing Dev Fund Corp
Case No: 15-12178(SHL)

The following information is to be provided for each shareholder, officer,
director, manager, insider, or owner that is employed by the debtor in possession.
Attach additional pages if necessary.

Name: TBD Capacity: ☐ Shareholder
☐ Officer
☐ Director
☐ Insider

Detailed Description of Duties: _____

Current Compensation Paid: Weekly or Monthly

Current Benefits Paid: Weekly or Monthly

Health Insurance	_____	_____
Life Insurance	_____	_____
Retirement	_____	_____
Company Vehicle	_____	_____
Entertainment	_____	_____
Travel	_____	_____
Other Benefits	_____	_____
Total Benefits	_____	_____

Current Other Payments Paid: Weekly or Monthly

Rent Paid	_____	_____
Loans	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Total Other Payments	_____	_____

CURRENT TOTAL OF ALL PAYMENTS: Weekly or Monthly

Dated: _____

Responsible Officer of the Debtor in Possession

SCHEDULE OF IN-FORCE INSURANCE

Period Ending: _____

477 West 142nd Street
Housing Dev Fund Corp
Case No: 15-12178 (SHL)

<u>INSURANCE TYPE</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
Workers' Compensation	TBD	TBD
General Business Policy	TBD	TBD

Dated: _____

John Blasky
Responsible Officer of the Debtor In Possession

FORM 8

**TRANSMITTAL OF QUARTERLY
POST CONFIRMATION REPORT WITH CERTIFICATION
FOR THE QUARTER ENDED: _____**

In re: _____ : Case No. _____
: _____
: Chapter 11
: _____
Debtor(s) : Judge _____

Debtor, affirms that:

1. The attached *Chapter 11 Post Confirmation Report* for the quarter ended _____, which includes the Total Disbursement for Quarter, the Summary of Amounts Distributed Under the Plan, and the Summary of Status on Consummation of Plan has been reviewed and the report as prepared fairly and accurately reflects the debtor's complete disbursement/distribution activity and status for the period stated.
2. The individual responsible for preparing the attached report was _____ whose title is _____. Any questions regarding the attached report should be directed to _____ at telephone number _____.
3. The debtor is in compliance with the provisions of the confirmed Chapter 11 Plan except as listed below (*Attach additional documentation if necessary*):

4. The undersigned is authorized to file this report on behalf of the debtor.

It is certified hereby, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief.

Debtor

Dated: _____

By: _____
Signature

Typed or printed name

Title

FORM 9

**CHAPTER 11 POST CONFIRMATION REPORT
FOR QUARTER ENDED _____**

Debtor: _____

Case No. _____

Total Disbursements for Quarter

All disbursements made by the debtor during the current quarter, whether under the plan or not, must be accounted for and reported herein for purposes of calculating quarterly fees.

Total Disbursements: \$ _____

Summary of Amounts Distributed Under the Plan:

	<u>Current Quarter</u>	<u>Paid to Date</u>	<u>Balance Due</u>
A. Fees and Expenses:			
1. Trustee Compensation	_____	_____	_____
2. Fees for Attorney for Trustee	_____	_____	_____
3. Fee for Attorney for Debtor	_____	_____	_____
4. Other professionals	_____	_____	_____
5. All expenses, including trustee	_____	_____	_____
B. Distributions:			
6. Secured Creditors	_____	_____	_____
7. Priority Creditors	_____	_____	_____
8. Unsecured Creditors	_____	_____	_____
9. Equity Security Holders	_____	_____	_____
10. Other Payments or Transfers	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Plan Payments (Sum of Lines 1-10)	_____	_____	_____

Summary of Status on Consummation of Plan

Plan payments are current: Yes _____ No _____

If no, attach explanatory statement identifying payments not made (by creditor, amount, and date due), reason for non-payment, and an estimated date as to when payments will be brought current.

Quarterly fees due to the United States Trustee are current: Yes _____ No _____

Anticipated Date of final report/motion for final decree: _____